

CERTIFICATION OF NON-OPERATION

NOTICE: Health and Safety Code Section 17037.5 requires any person ceasing to operate or maintain employee housing to annually file a Certification of Non-Operation with the enforcement agency for two years following the discontinuation. For additional information call the Department at (916) 445-9471.

Certificate for Calendar Year _____ Employee Housing Facility ID. No. _____

Employee Housing Facility Name _____

Facility Address _____

Operator Name _____

Operator Address _____

Telephone Number _____

Property Owner Name _____

Owner Address _____

Reason for Discontinued Operation (Check One and Complete as Appropriate)

- ___ Property sold to: _____, on: _____
- ___ Housing destroyed (Date): _____
- ___ Housing facility still exists but will not be occupied any employees any part of the calendar year.
- ___ Facility will only be occupied by _____ (less than 5) employees during the calendar year.
- ___ Other, please explain: _____

Certification: I, _____, as _____
(Print name) (Title)

certify under penalty of perjury that the information provided herein is true and correct to the best of my knowledge and belief.

Signature _____ Date _____